

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576,744

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13	1					
14		1				
15		2				
16		0				
17		0				
18		0				
19	1					
20		1				
21		1				
22		2				
23		0				
24		0				
25	0					
26			1			
27				1		
28					1	
29						1
30						
31					1	
32						1
33						
34						
35						
36						
37					1	
38						1
39			1			
40				1		
41					1	
42						1
43						
44						
45			1			
46				1		
47					1	
48						1
49						
50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51				1	
52						
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97						
98						
99						
100						
TOTAL IND.			↓	3	↓	↓
TOTAL DEP.		←	←	23	←	←
TOTAL CLAIMS				26		